

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
24404
3054

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

3054

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		d. STREET ADDRESS (If outside, give location) 19 E. Armour	
Length of stay in 1b 2 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEE Middle HOBART Last BELDIN		4. DATE OF DEATH Month July Day 1 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Mar. 14, 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Representative		10b. KIND OF BUSINESS OR INDUSTRY Linwood Ice Cream	11. BIRTHPLACE (City and state or country) Denton, Nebraska
13a. FATHER'S NAME Harley J. Beldin		13b. MOTHER'S MAIDEN NAME Della M. Sparks	14. NAME OF HUSBAND OR WIFE USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) Yes WW II		16. SOCIAL SECURITY NO. 506-05-1131	17. INFORMANT Hospital Records
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary & Cerebral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201 DUE TO (c) 1 wk PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —	
20c. TIME OF INJURY Hour — Month, Day, Year — a.m. — p.m. —		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 25 June 1957		20f. CITY, TOWN, OR LOCATION 1 July 1957	
21. I attended the deceased from 25 June 1957 and last saw him alive on 1 July 1957 Death occurred at 6:50 P on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (In full name) F. H. Wakefield M.D.	
22b. ADDRESS 1102 Grand K.C. Mo		22c. DATE SIGNED 7-7-1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 2, 1957	23c. NAME OF CEMETERY OR CREMATORY Lincoln, Nebraska	23d. LOCATION (City, town, or country) (State) Lincoln, Nebraska
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 7-2-57	
26. REGISTRAR'S SIGNATURE neva minshall			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

F. H. Wakefield

AUG 1

1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 4609

P. O. Address Indep. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.